

# C OORDINATION NEWSLETTER

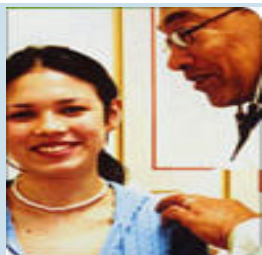
Spring 2004 · Volume 1 · Issue 5

## Uncontrolled Asthma Dangerous During Pregnancy!

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Special thanks to David Nunez, MD, MPH – Chief of the California Asthma Public Health Initiative



**“Asthma Can be Controlled During Pregnancy!”**

Uncontrolled asthma during pregnancy can endanger the mother and unborn child. Asthma is estimated to affect approximately 3.7% to 8.4% of pregnant women in the U.S. One out of every 500 expectant mothers experience serious consequences from uncontrolled asthma during pregnancy including preeclampsia, maternal and/or perinatal death, retarded intrauterine fetal growth, premature birth, and low birthweight.

Approximately one-third of pregnant women experience worsening of their asthma during gestation, one-third remain the same and one-third actually improve. The explanation for these clinical observations remains unclear. Symptoms of asthma include episodic cough, shortness of breath, wheezing, and chest tightness.

Effective management of asthma in pregnant women include: 1) objective measures for assessing and monitoring asthma control during pregnancy, including maternal lung function as measured by best personal peak flow measurements (L/min) or FEV1 (L/sec) by office spirometry and fetal well-being and development; 2) controlling factors that trigger asthma attacks and affect asthma severity; 3) pharmacologic therapy; and 4) education for a partnership in asthma management.

The Working Group on Asthma and Pregnancy strongly recommended that asthma be aggressively treated in pregnant women just as it should be in non-pregnant patients. Daily use of long-term, preventive therapy to suppress the underlying inflammation is important if the woman has persistent asthma. It is essential to implement appropriate environmental control measures so that the lowest dose of preventive medication is used to control the woman's asthma symptoms.

Uncontrolled asthma is a much greater risk to the mother and unborn baby than any known risk from asthma medications. However, it is important to evaluate the specific medications before prescribing it to the pregnant woman based on the safety of the medication in prior studies. (Table 1) Smoking by the mother, particularly smoking during pregnancy, is associated with development of asthma in the child later in life.

If the mother smokes, assess the mother's readiness to quit and refer her to a smoking cessation program. A good resource in California is the California Smoker's Helpline (1-800-NOBUTTS). Treatment of underlying medical conditions that may complicate asthma, such as allergic rhinitis, sinusitis, and gastroesophageal reflux (GERD), which often worsens or appears during pregnancy, is another important aspect of asthma management.

The inactivated influenza vaccine is recommended during the second and third trimester if pregnancy coincides with peak influenza outbreaks. The best time to administer the influenza vaccine is during October and November. Do not give the inactivated influenza vaccine if there is a history of a serious prior reaction or allergy to eggs.

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**WHAT IS HIPAA?**

As many of you know, the federal Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996. HIPAA is designed to streamline health care delivery by employing standardized, electronic transmission of administrative and financial transactions, along with protection of confidential health information. HIPAA was signed into federal law in 1996 (Public Law 104-191). The primary intent of this law is to protect health insurance coverage for workers and their families when they change or lose their jobs. It was recognized that this new protection would impose additional administrative burdens on health care providers, payers, and clearinghouses.

The law also outlines a process to achieve uniform national health data standards and health information privacy in the United States. These "Administrative Simplification" provisions require all covered organizations to standardize the way they transmit and code health information for billing and record keeping purposes, and to protect the privacy of that information.

The federal Department of Health and Human Services has published and continues to publish rules pertaining to the implementation of HIPAA. These rules will be published in waves over the next five years, and version changes may be published as often as annually.

The California Department of Health Services (DHS) is in the process of adopting the transaction and coding standards mandated by the HIPAA final rule. Our Fiscal Intermediary (EDS) is currently accepting the HIPAA compliant 837 4010A1 format for the submission of electronic claims. DHS has also converted a significant number of existing local codes to national standards, however, much work remains in this area. The existing coding standards for the Comprehensive Perinatal Services Program (CPSP) services are currently in review by the Department. CPSP providers must continue to use the "Z" procedure codes when billing for services on paper or electronic claims. You will be kept apprised of any changes to billing in future bulletins. We do not anticipate implementing changes to the CPSP coding requirements in this calendar year.

For more information about HIPAA, try the California Department of Health Services webpage at [www.dhs.ca.gov/HIPAA](http://www.dhs.ca.gov/HIPAA).

**Community Outreach For Prevention & Education (C.O.P.E.)**

Pregnant women in the East San Gabriel Valley have found that if they are looking for a quality and culturally sensitive pregnancy and birth experience, they need look no further than the Healthy Babies program at Citrus Valley Health Partners' (CVHP) Queen of the Valley Hospital Campus. Designed as a unique and innovative dual-provider model of CPSP, the program was developed and is managed for CVHP by Community Outreach for Prevention & Education (COPE), a Los Angeles-based non-profit healthcare corporation specializing in preventive health services, healthcare workforce development and hospital consulting services.

The Healthy Babies program currently serves a largely Latina population. Over 65% of the patients speak Spanish and many speak only Spanish. They are well served by a staff of health educators and program coordinators, 85% of whom are bi-cultural and bilingual. (Spanish-English) Women enrolled in the program come from across the East San Gabriel Valley, from as far west as El Monte and as far east as Walnut. The majority of deliveries are performed at the four-year-old state-of-the-art Family Birth & Newborn Center (FBNC) on CVHP's Queen of the Valley Hospital Campus.

Over 125 individual women participate in one-on-one education or counseling and/or group classes each month through the program, with monthly classes available in both Spanish-only and in English. Since March of 2004, the program has seen over 300 patient visits monthly through a combination of the classes and one-on-one interventions. Starting in July of 2004, the program will also provide classes on Saturday mornings.

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**Uncontrolled Asthma Dangerous During Pregnancy!**

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The intranasal, live attenuated influenza vaccine is contraindicated in pregnant women.

A mutual partnership for asthma control aims to keep both mother and unborn child healthy. Each pregnant client should have his/her own personalized asthma action plan for self-management based on peak flow monitoring. Recognition of early symptoms through peak flow monitoring and symptom monitoring must be taught until understood by the patient and her husband, significant other, or family.

The most common errors by healthcare providers and pregnant women are to underestimate the severity of asthma during pregnancy, to not implement appropriate environmental control measures, to undertreat chronic persistent asthma, and to delay treatment of acute severe exacerbations, including the use of oral corticosteroids such as prednisone which can be life-saving during severe acute attacks.

**Table 1:** FDA intrauterine pregnancy category ratings for asthma drugs. (A - Controlled studies show no risk to fetus, B - No evidence of risk in humans, C - Risk can not be ruled out, D - Positive evidence of risk to fetus, X - Absolute contraindication during pregnancy)

**Reference:** Naguwa SM, Bershwin ME, Allergy & Immunology Secrets, Philadelphia: Hanley & Belfus, Inc.; 2001

<u>Bronchodilator</u>	<u>Category</u>	<u>Inhaled Corticosteroid</u>	<u>Category</u>
Albuterol and levalbuterol	C	Beclomethasone	C
Metaproterenol	C	Budesonide	C
Salmeterol	C	Flunisolide	C
Terbutaline	B	Fluticasone	C
Theophylline	C	Triamcinolone	D
Epinephrine	D	Prednisone	C
<u>Non-steroidal</u>	<u>Category</u>	<u>Anti-leukotriene</u>	<u>Category</u>
Cromolyn	B	Montelukast	B
Nedocromil	B	Zafirlukast	B
		Zileuton	C
<u>Cytotoxic drugs</u>	<u>Category</u>	<u>Anticholinergics</u>	<u>Category</u>
Methotrexate	X	Atropine	C
Cyclosporine	C	Ipratropium	B
		Tiotropium	C

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### Uncontrolled Asthma Dangerous During Pregnancy!

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#### Resources

Expert Panel Report 2: Guidelines for the Diagnosis and Management of Asthma. Bethesda, MD: National Institutes of Health; 1997. NIH Publication No. 97-4051. [www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf](http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf)

Management of Asthma During Pregnancy. Report of the Working Group on Asthma and Pregnancy. Bethesda, MD: National Institutes of Health; 1993. NIH Publication no. 93-3279. [www.nhlbi.nih.gov/health/prof/lung/index.htm](http://www.nhlbi.nih.gov/health/prof/lung/index.htm)

Update on Selected Topics 2002. Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma. Bethesda, MD: National Institutes of Health; 2002. NIH Publication no. 02-5074.  
[www.nhlbi.nih.gov/guidelines/asthma/index.htm](http://www.nhlbi.nih.gov/guidelines/asthma/index.htm)

#### Websites

American Academy of Allergy

Asthma & Immunology: [www.aaaai.org/patients/publicedmat/tips/asthmaandpregnancy.stm](http://www.aaaai.org/patients/publicedmat/tips/asthmaandpregnancy.stm)

California Asthma Public Health Initiative: [www.dhs.ca.gov/asthma](http://www.dhs.ca.gov/asthma)

California Breathing: [www.californiabreathing.org](http://www.californiabreathing.org)

Lung Association: [www.lung.ca/asthma/pregnancy](http://www.lung.ca/asthma/pregnancy)

#### MARK YOUR CALENDAR

### California Child Obesity Conference 2005

**January 9-12, 2005**

Manchester Grand Hyatt San Diego

For more conference Information call the

Conference hotline at (800) 858- 7743

or visit [www.cce.csus.edu/conferences](http://www.cce.csus.edu/conferences)

### CPSP Training Dates:

#### Steps To Take

**Redding: October 19-20, 2004**

**Ontario: November 2-3, 2004**

**Statewide Perinatal Services Coordinator Meeting**

**Sacramento: November 17, 2004**



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**Community Outreach For Prevention & Education** Continued from page 2***Community Outreach For Prevention and Education Staff believes in the “Healthy Babies, Happy Moms” approach...***

Due to the fact that Healthy Babies is hospital-based and currently receives referrals from 13 CVHP-affiliated obstetricians, the program has a unique opportunity to measure delivery outcomes and compare them to the outcomes for the rest of the deliveries at the FBNC. A team consisting of the Healthy Babies Medical Director (a UCLA-trained obstetrician), the Healthy Babies Director and a graduate student intern constantly reviews and analyze the monthly outcomes data for births of Healthy Babies participants. Health indicators measured include the baby's birth weight, gestational age, NICU admission rate and LOS, rates of exclusive breastfeeding vs. bottle-feeding vs. both, and C-section rates. The outcomes for these indicators are compared to all other births and to all other Medi-Cal births at the FBNC.



Data for the above clinical indicators is available for all deliveries from January, 2003 to present. The most significant difference noted between the 445 Healthy Babies deliveries (100% eligible for Medi-Cal) and the other 4,032 Medi-Cal deliveries at the FBNC between January, 2003 and March, 2004 is in the area of breastfeeding. Upon admission, 53% of the pregnant women enrolled in Healthy Babies state their preference for exclusive breastfeeding versus only 36% of the other Medi-Cal patients. Upon discharge, the nurses have documented that 48% of the women enrolled in Healthy Babies actually exclusively breastfed their babies during the entire hospitalization, versus only 26% of the rest of the Medi-Cal deliveries.

CVHP and COPE's staff believe that the success of Healthy Babies can be attributed directly to three major factors:

**Quality of the highly trained Healthy Babies health educators and support staff**

The Healthy Babies program's senior, bilingual and bi-cultural health educator is a Mexico-trained physician with an MPH and MBA from USC and 15 years of healthcare experience. The Program Director has over 20 years of healthcare experience, including an extensive background in perinatal education and program management, and is a certified ASPO/Lamaze child-birth educator and UCLA-trained lactation educator. One of the bilingual staff educators will shortly become the program's second certified lactation consultant after completing the UCLA certification program in June, 2004.

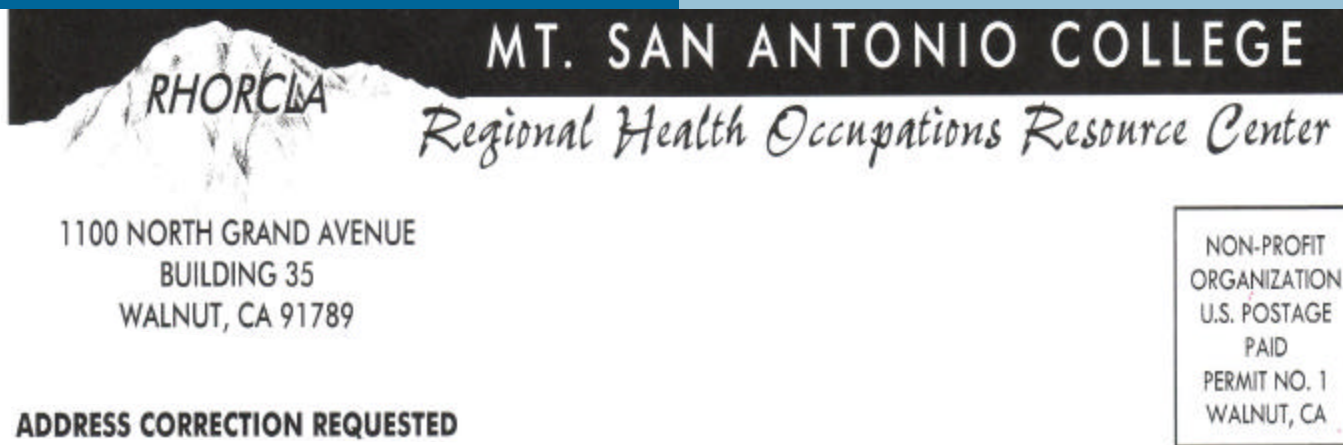
**A uniquely well-coordinated system of care between the hospital-based CPSP program and the participating physicians**

One of the CVHP-affiliated obstetricians serves as the Medical Director for the Healthy Babies program, helping to assure quality oversight and physician buy-in. The program also sends health educators out to many of the obstetricians' offices and to nearby community centers so that services can be provided within or very close to physicians' offices.

**Active participation of COPE executives on a long-standing CVHP obstetrics task force**

COPE's CEO and Director of Health Services have met twice monthly for two years with a team of CVHP executives and managers to assure that the Healthy Babies program and services are well-integrated into CVHP's overall operations. COPE and CVHP have also partnered to write and receive over \$5 million in grants to fund Healthy Babies, CVHP's low and no-cost health insurance enrollment programs, and other CVHP outreach programs.

For information on how your hospital, medical group or health plan can partner with COPE to provide a similar high-quality and culturally sensitive CPSP program for your patients, please contact Johnni Hansen at 626-851-2632, [jhansen@copepartners.org](mailto:jhansen@copepartners.org) or Allen Miller at 310-566-7905, [amiller@copepartners.org](mailto:amiller@copepartners.org).



## COORDINATION NEWSLETTER - The Comprehensive Perinatal Services Program (CPSP)

### Medi-Cal Questions File

*By Jeanne Machado-Derdowski, DHS Medical Research Analyst*

#### Question #1:

How long does CPSP cover a client after a miscarriage?

**Under CPSP, the Medi-Cal beneficiary is entitled to 60 days postpartum services beginning on the last day of her pregnancy through the end of the month in which the 60<sup>th</sup> day occurs. This includes miscarriages. California Code of Regulations section 50260 states that a pregnant woman who is eligible for and received Medi-Cal during the last month of pregnancy, shall continue to be eligible for all pregnancy-related and postpartum services for a 60-day period beginning on the last day of pregnancy, regardless of whether the other conditions of eligibility are met.**

#### Question #2

Must client orientation occur all at one visit or can it occur over a number of visits?

**Orientation is an on-going process in CPSP. It may take place over several visits. Each service must be a minimum of 15 minutes and, if necessary, may be billed up to the maximum amount of time allowable by Medi-Cal.**

**When a client may be in need of further intervention and treatment, a TAR can be submitted for additional needed services.**

### Website Resources

Dept. of Health Services— Maternal Child Health Branch [www.mch.dhs.ca.gov](http://www.mch.dhs.ca.gov)

Mt San Antonio College [www.mtsac.edu](http://www.mtsac.edu)

CPSP [www.mch.dhs.ca.gov/programs/cpsp](http://www.mch.dhs.ca.gov/programs/cpsp)

Los Angeles County Public Health [www.lapublichealth.org/mch](http://www.lapublichealth.org/mch)

Medi-Cal Policy Division [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

California Smokers' HelpLine [www.californiasmokershelpline.org](http://www.californiasmokershelpline.org)